



Charitable Gaming Division
 c/o Accounting
 Box 30023, Lansing, MI 48909
OVERNIGHT DELIVERY:
 101 E. Hillsdale, Lansing MI 48933
 (517) 335-5780
 www.michigan.gov/cg

BINGO LICENSE APPLICATION PART 2

For Bureau Use Only

**ALLOW 4 WEEKS FOR PROCESSING.
PLEASE PRINT OR TYPE IN BLUE OR BLACK INK.**

ORGANIZATION INFORMATION	1. Organization Name		2. Organization ID Number	
	3. License Mailing Address			
	City		State	ZIP Code

LICENSE INFORMATION	4. Requested start date:		5. Bingo equipment: <input type="checkbox"/> Own <input type="checkbox"/> Included in hall rental agreement <input type="checkbox"/> Intend to purchase			
	6. Bingo game location: (check one) <input type="checkbox"/> Own location <input type="checkbox"/> Related organization's facility (no rent) <input type="checkbox"/> Rental hall - (submit rental agreement) Hall ID Number _____		7. (1) Supplier Name		ID Number	
			(2) Supplier Name		ID Number	
	8. Location where bingo will be conducted: (building name, if any)			9. Weekly rental amount:		
	Street Address			10. Day of the week bingo will be conducted:		
	City	ZIP Code	County	11. Time bingo will be conducted (must be between the hours of 8 a.m. - 2 a.m.): _____ (a.m./p.m.) to _____ (a.m./p.m.)		
12. If your organization will not conduct bingo each week, attach a list of scheduled playing dates. If you cancel seasonally, submit the dates you plan to cancel and start again.						

CHAIRPERSON(S)	13. List name, home address, and telephone numbers of persons in charge of bingo. Must be member for 6 months. If more than 3 chairpersons, attach additional list.					
	Bingo Chairperson(s)		Street, City, State, ZIP Code		Telephone Numbers	
	Name				Day ()	
					Evening ()	
	Name				Day ()	
					Evening ()	
	Name				Day ()	
					Evening ()	

SIGNATURE	14. I CERTIFY that I am at least 18 years of age, the organization applying is a NONPROFIT organization, I have examined this application and there is no misrepresentation or falsification in the information stated or attached, and the facts underlying our original qualification status remain unchanged. I FURTHER CERTIFY that I am aware that false or misleading statements will be cause for rejection of this application or revocation of the right to obtain any future licenses and I AM AWARE OF AND AGREE TO the conditions of Act 382 of the Public Acts of 1972, as amended, and the rules and directives of the Michigan Bureau of State Lottery.	
	Signature of the PRINCIPAL officer, e.g., president, grand knight, worthy matron, etc. NOTE: Executive director signature not acceptable.	
	Signature	Title
	Print Name	Date

PLEASE MAKE A COPY OF THE COMPLETED APPLICATION FOR YOUR RECORDS



COMPLETION: Required for licensure.
PENALTY: No license will be issued.